

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/566,725  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		2					56						
7		2					57						
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49							99						
50							100						
TOTAL IND.	1	↓		↓		↓							
TOTAL DEP.	10	←		↑		←							
TOTAL CLAS-50	11	████████		████████		████████							

BEST AVAILABLE COPY